Winnebago County Sheriff's Office Application for Employment

(print neatly and complete all blanks)

Winnebago County is an Equal Opportunity Employer

Personal

Full Name: _____
           (Last)   (First)   (Middle) / Maiden name if married

Current Address: _____
         (Number)   (Street)   (City/State/Zip Code)

Telephone Numbers: _____
         (Home)   (Cell)

Date of Birth: _____ Social Security Number: _____

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Employment Desired

Position(s) applied for: _____ Date of Application _____

Have you ever filed an application with us before? _____ Yes _____No

If yes, give a date_____

Have you ever been employed with us before? _____Yes _____No

If yes, give a date _____

Do you have any friends or relatives, other than spouse that work here? _____Yes _____No

If yes, state name and relationship _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Proof of citizenship or immigration status will be required upon employment

                                              _____Yes_____No

Are you currently employed? _____Yes _____No

May we contact your present employer? _____Yes _____No

Are you currently on "Lay Off" Status and subject to call? _____Yes _____No

Can you travel if a job requires it? _____Yes _____No

Have you ever been bonded? If Yes, for whom & what reason _____ _____Yes _____No

Have you ever been or currently are involved in a civil litigation?   _____Yes _____No

If yes, indicated reason & result of _____

Are you available to work: _____Full Time   _____ Part Time

Date Available to Start work: _____   Best time to contact you: ___:_____am/pm

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Education

Do you have a Highs School Diploma or GED?   _____Yes _____No

Name of Last School attended: _____ City_____ State_____

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle highest degree earned: High School Diploma GED Certificate   AA BD MD PHD   Other

College/Technical:_____

_____

_____

(Course of Study /Diploma)

Other Training or
Skills_____

_____

_____

Specialized Skills: _____ Terminal   _____ Computer _____Typewriter
(WPM_____)   ____Foreign Language (Which?) _____

Other:_____

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Military Educational Background

Date of Service _____ Branch _____ Type of Discharge_____

Describe any job related training received in the United States Military:

_____

_____

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Arrest Background

List dates/location/reason	Traffic Offense	Non-Traffic Offense
	_____	_____
	_____	_____
	_____	_____

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Work Experience

Former Employment: (List employers, starting with the current or most recent. Explain all gaps in time of employment)

_Company Name_____ _Job Title_____

Full Address:_____ Phone #_____

Start date:_____ End Date:_____

Job Duties:_____

Reason for Leaving:_____

_Company Name_____ _Job Title_____

Full Address:_____ Phone #_____

Start date:_____ End Date:_____

Job Duties:_____

Reason for Leaving:_____

_Company Name_____ _Job Title_____

Full Address:_____ Phone #_____

Start date:_____ End Date:_____

Job Duties:_____

Reason for Leaving:_____

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References (Do not include family members or past supervisors)

Name/Phone number   Best Time to Call   Occupation

_____

_____

_____

State any additional information you feel may be helpful to us in considering your application.

_____

_____

_____

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Applicants Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer

Signature of Applicant:_____ Date:_____